

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000008495

**FILED**  
**Jan 21, 2015**  
**Secretary of State**  
**CC7095932255**

**Entity Name:** 5900 AUSTRALIAN AVENUE, LLC

**Current Principal Place of Business:**

5409 AUSTRALIAN AVENUE  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

5409 AUSTRALIAN AVENUE  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 65-1105945

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MONCHICK, MICHAEL J  
C/O CASEY, CIKLIN  
515 NORTH FLAGLER DRIVE 20TH FLOOR  
WEST PALM BEACH, FL 33418 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GLENN B. HARKINS, JR. REVOCABLE TRUST  
Address 114 FOREST HILL BLVD  
City-State-Zip: WEST PALM BEACH FL 33405

Title MGRM  
Name 5409 AUSTRALIAN AVENUE, LLC  
Address 5409 AUSTRALIAN AVE  
City-State-Zip: WEST PALM BEACH FL 33407

Title MGRM  
Name SPENCER, JERRY L  
Address 2626 ELECTRONICS WAY  
City-State-Zip: WEST PALM BEACH FL 33407

Title MGRM  
Name MONCHICK, MICHAEL J  
Address C/O CASEY, CIKLIN  
515 NORTH FLAGLER DRIVE 20TH FLOOR  
City-State-Zip: WEST PALM BEACH FL 44401

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLES GERLACH

**MEMBER**

**01/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date